File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

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2008 JUL 18 PH 2: 52

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OMMITTEE NAME (Must be same as on Statement	of Organization)	FC	ORM I
Veeder for Auditor		D	R-2 DISCLOSURE
MPORTANT: Indicate by # type of committee you are repor 1)Statewide/Legislative/Judge Standing for Retention Cand 4)County Central Committee (5)County Candidate (6)C subdivision Candidate (8)County PAC (9)City PAC (10 1) Local Ballot Issue	ity Candidate (7) School Board or Other Po	PAC (For C	7. 07/2007) REPORT Office Use Only m. #
CANDIDATE COMMITTEES ONLY: Candidate Name Grant Veeder Office Sought County Auditor	Political Party (if applicabed Democratic District (if Senate or Hou	le) Scar	ped in
ate reports are subject to possible civil and criminal penal for the least of the l	alties. Pursuant to Iowa Code sections 68 319-233-5022 TELEPHONE		401(3), the candidate, for a
AM FILING A =July 19	REPORT FOR (1) ELEC		LECTION YEAR.
(report date)	Indica	e by # 1	
CHECK IF AMENDMENT TO REPORT DATED	The state of the state of the	Local Comm	ittees, enter Date of Election
	Notice of Dissolution Form DR-3	11/4	201 Committees onter County in
Check if this is final (termination) report and attach (You must continue to file reports until a DR	Notice of Dissolution Form DR-3. -3 is filed.)	County & Loc which Election	cal Committees, enter County in
Chack if this is final (termination) report and attach	-3 is mea.)	County & Loc which Election	cal Committees, enter County in on is held
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COMMITTEE NAME (Must be same as on Statement of Organization) Veeder for Auditor					CHECK THIS BOX IF AMENDING FORM	
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION	
May-June 2008	Grant Veeder 135 Graceline Blvd. Waterloo, IA 50701	self	use of personal computer	\$ 5.00		
The state of the s			SUB-TOTAL TOTAL (If last page of this schedule)	\$		
committee. Re	requires candidates to disclose the relationship of a slationship must be shown to the third degree of cons (See Page 2 of forms packet.) If surname of contrib ship, enter "not applicable" In the relationship column	anguinity (blood relation	page of this schedule) in kind contribution to th ves) and affinity (relative	e Page	of_ for Schedule E)	